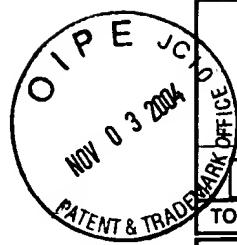


11-05-04

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **490.00**

Complete if Known

Application Number	09/954731
Filing Date	September 18, 2001
First Named Inventor	Jeffrey J. Fitzgerald
Examiner Name	PUENTE, Emerson C.
Art Unit	2113
Attorney Docket No.	CDPC-P01-004

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **18-1945**
Under Order No.: CDPC-P01-004

Deposit Account Name **Ropes & Gray LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

SUBTOTAL (1) (\$) **0.00**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims 20	-22** = 0.00	
Independent Claims 3	-3** = 0.00	
Multiple Dependent		

Large Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) **0.00**

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** **490.00**

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Wolfgang E. Stutius	Registration No. (Attorney/Agent)	40,256	Telephone	(617) 951-7681
Signature				Date	November 3, 2004

9575440

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 543606710 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated:

Signature:

(Judith A. Herrick)

AMENDMENT TRANSMITTAL LETTER

Docket No.
CDPC-P01-004Application No.
09/954731Filing Date
September 18, 2001Examiner
PUENTE, Emerson C.Art Unit
2113

Applicant(s): Jeffrey J. Fitzgerald

Invention: METHOD AND SYSTEM TO DETECT SOFTWARE FAULTS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

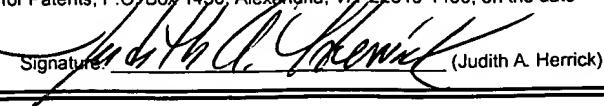
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 22 =		x	0.00
Independent Claims	3	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					490.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					490.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 18-1945 in the amount of \$ 490.00.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 18-1945
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

 Wolfgang E. Stutius
 Attorney Reg. No.: 40,256
Dated: November 3, 2004
 ROPES & GRAY LLP
 One International Place
 Boston, Massachusetts 02110-2624
 (617) 951-7532

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/954731
		Filing Date	September 18, 2001
		First Named Inventor	Jeffrey J. Fitzgerald
		Art Unit	2113
		Examiner Name	PUENTE, Emerson C.
Total Number of Pages in This Submission	11	Attorney Docket Number	CDPC-P01-004

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s) _____	Amendment Transmittal Letter
<input type="checkbox"/> Information Disclosure Statement	Remarks	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	ROPS & GRAY LLP Wolfgang E. Stutius - 40,256
Signature	
Date	November 3, 2004

9575446

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Dated: November 3 2004

(Judith A. Herrick)

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